

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		5/4/00
O.I.P.E. CLASSIFIER		12	5/9
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	T/B	70014 70017	7/13/00 8/2/00

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 □ ..... Allowed I ..... Interference  
 (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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